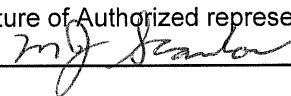


# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for  
Federal Assistance**

1. Type of Submission Application Application <input checked="" type="checkbox"/> Constuction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Non-Constuction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. Date Submitted <b>26-May-06</b>	3. Date received State State Application Identifier
4. Date received by Federal Agency:		Federal Identifier	
5. Applicant Information			
6. Legal Name: <b>Peninsula Corridor Joint Powers Board</b>			
Address (give city, county, state, and zip) <b>1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070</b>		Name and telephone of contact person (give area code) <b>Joel Slavitt, (650) 508-6476</b>	
6. Employer Identification Number (EIN): <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="3152903"/>		7. Type of Applicant (enter appropriate letter in box) <input checked="" type="checkbox"/> <b>G</b>	
8. Type of Application <input type="checkbox"/> new <input type="checkbox"/> continuation <input checked="" type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: <input checked="" type="checkbox"/> <b>C</b> <input type="checkbox"/> A. Increased Award    B. Decreased Award C. Increase Award    D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number: <b>20.500</b> <b>Section 5309 Capital Program</b>		9. Name of federal Agency: <b>Federal Transit Administration</b>	
12. Areas affected by project: <b>San Francisco, San Mateo and Santa Clara Counties</b>		11. Descriptive title of applicant project: <b>CA-03-0691 (Second Amendment)</b> The following projects and amounts have been added to this grant  Accessible Capital Enhancement: \$72,020 Systemwide Track Rehabilitation: \$2,180,078 North/South Terminal Track Upgrades: 932,822 Caltrain Maintenance Facility: \$13,547	
13. Proposed Project Start Date: <b>4/4/2003</b> End Date: <b>6/30/2009</b>		15. Estimated Funding	
a. Federal b. Applicant c. State d. Local f. Program Income e. Other g. TOTAL	<b>\$3,198,467</b>       <b>\$3,998,085</b>	14. Congressional Districts of: a. Applicant <b>8, 12, 13, 14, 15 &amp; 16</b> B. Project <b>8, 12, 13, 14, 15 &amp; 16</b>	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.		16. Is application subject to review by state executive 12372 process? <b>Yes</b> a. Yes this preapplication/application was made available to the state executive order 12372 process review on Date: b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative <b>Michael J. Scanlon</b>		b. Title <b>Executive Director</b>	c. Telephone Number: <b>(650) 508-6221</b>
d. Signature of Authorized representative 		e. Date Signed <b>5/27/06</b>	

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JUN 01 2006

**STATE CLEARING HOUSE**

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: Christian Church Homes of Northern California

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

946077407

\* c. Organizational DUNS:

076292945

## d. Address:

\* Street1:

303 Hegenberger Road, Suite 201

Street2:

\* City:

Oakland

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 94621

## e. Organizational Unit:

Department Name:

Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name: Kendra

Middle Name:

\* Last Name: Roberts

Suffix:

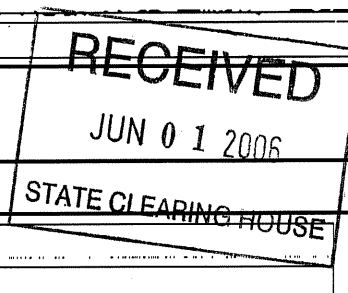
Title: Development/Marketing

Organizational Affiliation:

\* Telephone Number: 510-632-6712 ext 133

Fax Number: 510-632-6704

\* Email: kroberts@cchnc.org



## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

US Department of Housing and Urban Development

## 11. Catalog of Federal Domestic Assistance Number:

14.157

## CFDA Title:

Supportive Housing for the Elderly

## \* 12. Funding Opportunity Number:

FR-5030-N-22

## \* Title:

Section 202 Supportive Housing for the Elderly

## 13. Competition Identification Number:

S202-22

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Richmond, County of Contra Costa, State of California

## \* 15. Descriptive Title of Applicant's Project:

Construction of 49, one-bedroom affordable housing units for elderly persons and one, two-bedroom unit for a resident manager, in Richmond, CA.

Attach supporting documents as specified in agency instructions.

[Add Attachment](#) [Delete Attachment](#) [View Attachments](#)





APPLICATION FOR  
FEDERAL ASSISTANCE

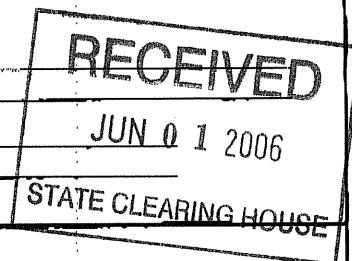
Version 7/03

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED:		Applicant Identifier:	
3. DATE RECEIVED BY STATE:		4. DATE RECEIVED BY FEDERAL AGENCY:		Federal Identifier:	
5. APPLICANT INFORMATION					
Legal Name: Community Housing Development Corporation of North Richmond					
Organizational DUNS: 867043783					
Address: Street: 1535 A Third Street					
City: Richmond					
County: Contra Costa					
State: CA					
Zip Code: 94801					
Country: United States					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 88-0235719					
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Construction <input type="checkbox"/> Revision (Revision, enter appropriate letter(s) in box(es). (See back of form for description of letters.) Other (specify):					
8. NAME OF FEDERAL AGENCY: US Department of Housing & Urban Development					
9. NAME OF APPLICANT'S PROJECT: Construction of 43 one-bedroom units of low-income housing for elderly persons and one two-bedroom resident manager's unit, in Richmond, CA					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157					
11. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Richmond, County of Contra Costa, California					
12. PROPOSED PROJECT: Start Date: 11/01/2006 Ending Date: 11/01/2008					
13. ESTIMATED FUNDING: a. Federal \$ 8,014,400 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 8,014,400					
14. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 5/13/2006 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 c. OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? a. Yes <input type="checkbox"/> If Yes, attach an explanation. b. No <input checked="" type="checkbox"/>					
16. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
17. Authorized Representative: Phone: First Name: Don Middle Name: Sumi Last Name: Ghimre Title: Executive Director Signature of Authorized Representative: [Signature] C. Telephone Number (give area code): 510-412-9290 D. Date Signed: 5/13/2006					


Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)  
Prescribed by OMB Circular A-102

OMB Number: 4040-0004  
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424		Version 02	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* (If Revision, select appropriate letter(s)):</b> _____ <b>* Other (Specify)</b> _____
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> _____	
<b>5a. Federal Entity Identifier:</b> _____		<b>* 5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>			
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____	
<b>B. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> Petaluma Ecumenical Properties			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-2565270		<b>* c. Organizational DUNS:</b> 027336032	
<b>d. Address:</b>			
<b>* Street1:</b> 3920 Cypress Drive, Suite B			
<b>Street2:</b>			
<b>* City:</b> Petaluma			
<b>County:</b> Sonoma			
<b>* State:</b>		CA: California	
<b>Province:</b>			
<b>* Country:</b>		USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 94954-7803			
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> _____		<b>Division Name:</b> _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b> Mr.	<b>* First Name:</b> Robert		
<b>Middle Name:</b> _____			
<b>* Last Name:</b> Dreher			
<b>Suffix:</b> _____			
<b>Title:</b> Director of Housing Development			
<b>Organizational Affiliation:</b> _____			
<b>* Telephone Number:</b> (707) 782-2336		<b>Fax Number:</b> (707) 782-4857	
<b>* Email:</b> bobd@pephousing.org			



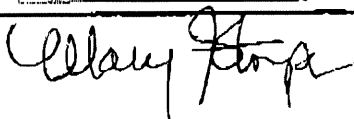
OMB Number: 4040-0004  
Expiration Date: 07/31/2008

Application for Federal Assistance SF-424	Version 02
<b>9. Type of Applicant 1: Select Applicant Type:</b> M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) <b>Type of Applicant 2: Select Applicant Type:</b> <b>Type of Applicant 3: Select Applicant Type:</b> * Other (specify):	
<b>* 10. Name of Federal Agency:</b> US Department of Housing and Urban Development	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 14.157 <b>CPDA Title:</b> Supportive Housing for the Elderly	
<b>* 12. Funding Opportunity Number:</b> FR-5030-N-22 <b>* Title:</b> Section 202 Supportive Housing for the Elderly	
<b>13. Competition Identification Number:</b> S202-22 <b>Title:</b>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> City of Petaluma, County of Sonoma, State of California	
<b>* 16. Descriptive Title of Applicant's Project:</b> Casa Grande - 58-unit (57 + 1 mgr unit) affordable senior rental housing targeted to very low and extremely low income elderly with rental assistance contract.	
Attach supporting documents as specified in agency instructions. 	

OMB Number: 4040-0004  
Expiration Date: 07/31/2006

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant <input type="text" value="8"/>	* b. Program/Project <input type="text" value="6"/>	
Attach an additional list of Program/Project Congressional Districts if needed. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<b>17. Proposed Project:</b>		
* a. Start Date: <input type="text" value="06/01/2007"/>	* b. End Date: <input type="text" value="06/01/2008"/>	
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="4,993,500.00"/>	
* b. Applicant	<input type="text" value="10,000.00"/>	
* c. State	<input type="text" value="3,950,000.00"/>	
* d. Local	<input type="text" value="2,237,600.00"/>	
* e. Other	<input type="text" value="6,596,868.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="17,787,868.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/01/2006"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Exemption"/>		
<b>21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1901)</b>		
<input checked="" type="checkbox"/> "I AGREE"		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Mary"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Stompe"/>		
Suffix: <input type="text"/>		
* Title: <input type="text" value="Executive Director"/>		
* Telephone Number: <input type="text" value="(707) 782-2936"/>		Fax Number: <input type="text" value="(707) 782-4657"/>
* Email: <input type="text" value="mstompe@pephousing.org"/>		
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>		* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>


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 6/1/06Standard Form 424 (Revised 10/2006)  
Prescribed by OMB Circular A-102

OMB Number: 4040-0004  
Expiration Date: 07/31/2008

Application for Federal Assistance SF-424		Version 02	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> _____	
<b>5a. Federal Entity Identifier:</b> _____		<b>* 5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>			
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> Petaluma Ecumenical Properties			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-2685270		<b>* c. Organizational DUNS:</b> 027336032	
<b>d. Address:</b>			
<b>* Street1:</b> 3920 Cypress Drive, Suite B		<div>RECEIVED JUN 01 2006 STATE CLEARING HOUSE</div>	
<b>Street2:</b> _____			
<b>* City:</b> Petaluma			
<b>County:</b> Sonoma			
<b>* State:</b> CA: California			
<b>Province:</b> _____			
<b>* Country:</b> USA: UNITED STATES			
<b>* Zip / Postal Code:</b> 94954-7003			
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> _____		<b>Division Name:</b> _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b> Mr.	<b>* First Name:</b> Robert		
<b>Middle Name:</b> _____			
<b>* Last Name:</b> Disher			
<b>Suffix:</b> _____			
<b>Title:</b> Director of Housing Development			
<b>Organizational Affiliation:</b> _____			
<b>* Telephone Number:</b> (707) 762-2336		<b>Fax Number:</b> (707) 762-4657	
<b>* Email:</b> bobd@pephousing.org			

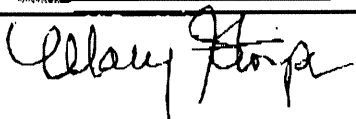
OMB Number: 4040-0004  
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424	Version 02
<b>9. Type of Applicant 1: Select Applicant Type:</b> M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) <b>Type of Applicant 2: Select Applicant Type:</b> <b>Type of Applicant 3: Select Applicant Type:</b> * Other (specify):	
<b>* 10. Name of Federal Agency:</b> US Department of Housing and Urban Development	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 14.157 <b>CFDA Title:</b> Supportive Housing for the Elderly	
<b>* 12. Funding Opportunity Number:</b> FR-6030-N-22 <b>* Title:</b> Section 202 Supportive Housing for the Elderly	
<b>13. Competition Identification Number:</b> S202-22 <b>Title:</b>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> City of Petaluma, County of Sonoma, State of California	
<b>* 15. Descriptive Title of Applicant's Project:</b> Casa Grande - 58-unit (57 + 1 mgr unit) affordable senior rental housing targeted to very low and extremely low income elderly with rental assistance contract.	
Attach supporting documents as specified in agency instructions. 	

OMB Number: 4040-0004  
Expiration Date: 07/31/2006

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant <input type="text" value="8"/>	* b. Program/Project <input type="text" value="8"/>	
Attach an additional list of Program/Project Congressional Districts if needed. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<b>17. Proposed Project:</b>		
* a. Start Date: <input type="text" value="06/01/2007"/>	* b. End Date: <input type="text" value="08/01/2008"/>	
<b>18. Estimated Funding (\$):</b>		
* a. Federal		4,993,600.00
* b. Applicant		10,000.00
* c. State		8,960,000.00
* d. Local		2,237,600.00
* e. Other		8,566,858.00
* f. Program Income		0.00
* g. TOTAL		17,787,858.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/01/2008"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="None"/>		
<b>21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)</b>		
<input checked="" type="checkbox"/> <b>"I AGREE"</b>		
<small>"The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
<b>Authorized Representative:</b>		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Mary"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Stompe"/>		
Suffix: <input type="text"/>		
* Title: <input type="text" value="Executive Director"/>		
* Telephone Number: <input type="text" value="(707) 762-2336"/>		Fax Number: <input type="text" value="(707) 762-4657"/>
* Email: <input type="text" value="mstompe@paphausling.org"/>		
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/> * Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>		

Authorized for Local Reproduction

 6/1/06Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102



Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

JUN - 2 2006

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: BRIDGE Housing Corporation

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

942827909

\* c. Organizational DUNS:

132753625

d. Address:

\* Street1: 345 Spear Street, Suite 700

Street2:

\* City: San Francisco

County: San Francisco

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 94105

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. \* First Name: Kevin

Middle Name: Christopher

\* Last Name: Griffith

Suffix:

Title: Senior Project Manager

Organizational Affiliation:

BRIDGE Housing Corporation

\* Telephone Number: (415) 989-1111

Fax Number: (415) 495-4898

\* Email: kgriffith@bridgehousing.com

**Application for Federal Assistance SF-424**

**Version 02**

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.157

CFDA Title:

Supportive Housing for the Elderly

**\* 12. Funding Opportunity Number:**

FR-5030-N-22

\* Title:

Section 202 Supportive Housing for the Elderly

**13. Competition Identification Number:**

S202-22

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of San Francisco, County of San Francisco, California

**\* 16. Descriptive Title of Applicant's Project:**

Armstrong Place Senior Housing

Attach supporting documents as specified in agency instructions.

Add Attachment Delete Attachment View Attachment

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 8

\* b. Program/Project 8

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 03/01/2008

\* b. End Date: 05/01/2009

18. Estimated Funding (\$):

* a. Federal	8,959,464.00
* b. Applicant	10,000.00
* c. State	0.00
* d. Local	5,800,000.00
* e. Other	8,700,000.00
* f. Program Income	0.00
* g. TOTAL	23,469,464.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. \* First Name: Lydia

Middle Name:

\* Last Name: Tan

Suffix:

\* Title: Executive Vice President

\* Telephone Number: (415) 989-1111 Fax Number: (415) 495-4898

\* Email: ltan@bridgehousing.com

\* Signature of Authorized Representative:  \* Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

REVISED

OMB Number: 4040-0004  
Expiration Date: 07/31/2006

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: BRIDGE Housing Corporation

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

942827909

\* c. Organizational DUNS:

132753625

## d. Address:

\* Street1: 345 Spear St. Suite 700

Street2:

\* City: San Francisco

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 94105-1673

RECEIVED

JUN - 2 2006

STATE CLEARING HOUSE

## e. Organizational Unit:

Department Name:

Development

Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

\* First Name: Donald

Middle Name:

\* Last Name: Lusty

Suffix:

Title: Project Manager

Organizational Affiliation:

\* Telephone Number: (415) 989-1111

Fax Number: (415) 495-4898

\* Email: dlusty@bridgehousing.com

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.157

CFDA Title:

Supportive Housing for the Elderly

**\* 12. Funding Opportunity Number:**

FR-5030-N-22

\* Title:

Section 202 Supportive Housing for the Elderly

**13. Competition Identification Number:**

S202-22

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City and County of San Francisco, California

**\* 15. Descriptive Title of Applicant's Project:**

Institute on Aging Senior Living and Health Center

Attach supporting documents as specified in agency instructions.

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 8\* b. Program/Project 8

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

## 17. Proposed Project:

\* a. Start Date: 03/02/2008\* b. End Date: 03/01/2010

## 18. Estimated Funding (\$):

* a. Federal	<u>8,387,748.00</u>
* b. Applicant	<u>14,995.00</u>
* c. State	<u>7,000,000.00</u>
* d. Local	<u>12,118,601.00</u>
* e. Other	<u>15,742,146.00</u>
* f. Program Income	<u>8,387,748</u>
* g. TOTAL	<u>43,263,490.00</u>

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/02/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Ms. \* First Name: Lydia  
Middle Name:   
\* Last Name: Tan  
Suffix:

\* Title: Executive Vice President\* Telephone Number: (415) 989-1111Fax Number: (415) 495-4898\* Email: ltan@bridgehousing.com\* Signature of Authorized Representative: Completed by Grants.gov upon submission.\* Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004  
Expiration Date: 07/31/2006

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

RECEIVED

JUN - 2 2006

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: BRIDGE Housing Corporation

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

942827909

\* c. Organizational DUNS:

132753825

## d. Address:

\* Street1:

345 Spear Street

Street2:

Suite 700

\* City:

San Francisco

County:

San Francisco

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94105

## e. Organizational Unit:

Department Name:

Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

\* First Name:

Ben

Middle Name:

\* Last Name:

Metcalf

Suffix:

Title: Project Manager

Organizational Affiliation:

BRIDGE Housing Corporation

\* Telephone Number: (415) 989-1111

Fax Number: (415) 495-4898

\* Email: bmetcalf@bridgehousing.com

OMB Number: 4040-0004  
Expiration Date: 07/31/2006**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.157

CFDA Title:

Supportive Housing for the Elderly

**\* 12. Funding Opportunity Number:**

FR-5030-N-22

\* Title:

Section 202 Supportive Housing for the Elderly

**13. Competition Identification Number:**

S202-22

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Palo Alto, County of Santa Clara, California

**\* 15. Descriptive Title of Applicant's Project:**

Fabian Way Senior Apartments

Attach supporting documents as specified in agency instructions.





OMB Number: 4040-0004  
Expiration Date: 07/31/2006

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 8

\* b. Program/Project 14

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 01/01/2008

\* b. End Date: 07/01/2009

## 18. Estimated Funding (\$):

* a. Federal	7,147,743.00
* b. Applicant	10,000.00
* c. State	0.00
* d. Local	3,427,020.00
* e. Other	13,130,561.00
* f. Program Income	0.00
* g. TOTAL	23,716,324.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No 

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Ms. \* First Name: Lydia

Middle Name:

\* Last Name: Tan

Suffix:

\* Title: Executive Vice President

\* Telephone Number: (415) 989-1111 Fax Number: (415) 495-4898

\* Email: LTAN@BRIDGEHOUSING.COM

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> <div style="border: 1px solid black; height: 15px; width: 150px; margin-bottom: 5px;"></div> <b>* Other (Specify)</b> <div style="border: 1px solid black; height: 15px; width: 150px;"></div>																		
<b>* 3. Date Received:</b> <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission.</div>		<b>4. Applicant Identifier:</b> <div style="border: 1px solid black; padding: 2px;">LTSC CDC</div>																				
<b>5a. Federal Entity Identifier:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<b>* 5b. Federal Award Identifier:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																			
<b>State Use Only:</b>																						
<b>6. Date Received by State:</b> <div style="border: 1px solid black; width: 80px; height: 20px;"></div>		<b>7. State Application Identifier:</b> <div style="border: 1px solid black; width: 150px; height: 20px;"></div>																				
<b>8. APPLICANT INFORMATION:</b>																						
<b>* a. Legal Name:</b> <div style="border: 1px solid black; padding: 2px;">LTSC Community Development Corporation</div>																						
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <div style="border: 1px solid black; padding: 2px;">95-4444102</div>			<b>* c. Organizational DUNS:</b> <div style="border: 1px solid black; padding: 2px;">879364347</div>																			
<b>d. Address:</b>																						
<table style="width: 100%;"><tr><td style="width: 15%;"><b>* Street1:</b></td><td style="width: 65%;"><div style="border: 1px solid black; padding: 2px;">231 E. Third Street, Suite G106</div></td><td rowspan="7" style="width: 20%; text-align: center; vertical-align: middle;"><div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg);"><b>RECEIVED</b> JUN 02 2006 STATE CLEARING HOUSE</div></td></tr><tr><td><b>Street2:</b></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td><b>* City:</b></td><td><div style="border: 1px solid black; padding: 2px;">Los Angeles</div></td></tr><tr><td><b>County:</b></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td><b>* State:</b></td><td><div style="border: 1px solid black; padding: 2px;">CA: California</div></td></tr><tr><td><b>Province:</b></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td><b>* Country:</b></td><td><div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div></td></tr><tr><td colspan="2" style="vertical-align: top;"><b>* Zip / Postal Code:</b> <div style="border: 1px solid black; padding: 2px;">90013-1493</div></td></tr></table>						<b>* Street1:</b>	<div style="border: 1px solid black; padding: 2px;">231 E. Third Street, Suite G106</div>	<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg);"><b>RECEIVED</b> JUN 02 2006 STATE CLEARING HOUSE</div>	<b>Street2:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>* City:</b>	<div style="border: 1px solid black; padding: 2px;">Los Angeles</div>	<b>County:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>* State:</b>	<div style="border: 1px solid black; padding: 2px;">CA: California</div>	<b>Province:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>* Country:</b>	<div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>	<b>* Zip / Postal Code:</b> <div style="border: 1px solid black; padding: 2px;">90013-1493</div>	
<b>* Street1:</b>	<div style="border: 1px solid black; padding: 2px;">231 E. Third Street, Suite G106</div>	<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg);"><b>RECEIVED</b> JUN 02 2006 STATE CLEARING HOUSE</div>																				
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<b>* City:</b>	<div style="border: 1px solid black; padding: 2px;">Los Angeles</div>																					
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<b>* State:</b>	<div style="border: 1px solid black; padding: 2px;">CA: California</div>																					
<b>Province:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																					
<b>* Country:</b>	<div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>																					
<b>* Zip / Postal Code:</b> <div style="border: 1px solid black; padding: 2px;">90013-1493</div>																						
<b>e. Organizational Unit:</b>																						
<b>Department Name:</b> <div style="border: 1px solid black; padding: 2px;">Community Economic Development</div>			<b>Division Name:</b> <div style="border: 1px solid black; padding: 2px;">Real Estate Development</div>																			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>																						
<b>Prefix:</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		<b>* First Name:</b> <div style="border: 1px solid black; padding: 2px;">Kei</div>																				
<b>Middle Name:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																						
<b>* Last Name:</b> <div style="border: 1px solid black; padding: 2px;">Nagao</div>																						
<b>Suffix:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																						
<b>Title:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																						
<b>Organizational Affiliation:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																						
<b>* Telephone Number:</b> <div style="border: 1px solid black; padding: 2px;">213-473-1686</div>			<b>Fax Number:</b> <div style="border: 1px solid black; padding: 2px;">213-473-1681</div>																			
<b>* Email:</b> <div style="border: 1px solid black; padding: 2px;">knagao@ltsc.org</div>																						

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.157

CFDA Title:

Supportive Housing for the Elderly

**\* 12. Funding Opportunity Number:**

FR-5030-N-22

\* Title:

Section 202 Supportive Housing for the Elderly

**13. Competition Identification Number:**

S202-22

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Los Angeles City, Los Angeles County, California

**\* 15. Descriptive Title of Applicant's Project:**

KRC Senior Apartments

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 34th

\* b. Program/Project 33rd

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 10/01/2008

\* b. End Date: 04/01/2010

18. Estimated Funding (\$):

* a. Federal	2,613,198.00
* b. Applicant	0.00
* c. State	1,849,908.00
* d. Local	3,693,460.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	8,156,566.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/30/2006 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name: Yoshiyuki

Middle Name: Bill

\* Last Name: Watanabe

Suffix:

\* Title: Executive Director

\* Telephone Number: 213-473-1607 Fax Number: 213-473-1681

\* Email: bwatanabe@ltsc.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

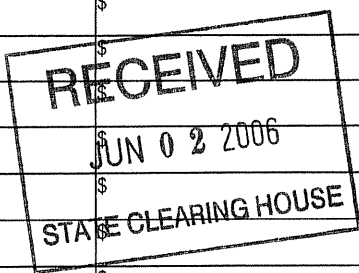
# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier																					
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																					
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier																					
<b>5. APPLICANT INFORMATION</b>																								
Legal Name: <b>Earlimart Elementary School District</b>		Organizational Unit: <b>Earlimart Elementary School District</b>																						
Address (give city, county, State, and zip code): <b>785 E. Center Street Earlimart, California 93219 (Tulare County)</b>		Name and telephone number of person to be contacted on matters involving this application (give area code) <b>David Loverin, CBO- (661) 849-4243</b>																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             77-0563530           </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-top: -15px;">H</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div>             H. Independent School Dist:              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) _____           </div> </div>																						
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="checkbox"/> New             <input type="checkbox"/> Continuation             <input type="checkbox"/> Revision           </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other(specify): _____</div> <div>C. Increase Duration</div> </div>		<b>9. NAME OF FEDERAL AGENCY:</b> <b>USDA- Rural Development</b>																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             10-766           </div> TITLE: _____		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>Enhancement to breakfast and lunch programs</b>																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <b>Earlimart Elementary School District</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>April 17, 2006</b>  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
<b>13. PROPOSED PROJECT</b> <b>\$75,000</b>				<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>Devin Nunes- Dist. 21</b>																				
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 20%;">\$</td> <td style="width: 60%; text-align: right;">39,699.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">32,481.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">72,180</td> </tr> </table>				a. Federal	\$	39,699.00	b. Applicant	\$	32,481.00	c. State	\$	N/A	d. Local	\$	N/A	e. Other	\$	N/A	f. Program Income	\$	N/A	g. TOTAL	\$	72,180
a. Federal	\$	39,699.00																						
b. Applicant	\$	32,481.00																						
c. State	\$	N/A																						
d. Local	\$	N/A																						
e. Other	\$	N/A																						
f. Program Income	\$	N/A																						
g. TOTAL	\$	72,180																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																								
a. Type Name of Authorized Representative <b>Dr. Marcella K. Smith</b>		b. Title <b>Superintendent</b>																						
c. Telephone Number <b>(661) 849-4241</b>		d. Date Signed <b>April 17, 2006</b>																						
e. Signature of Authorized Representative 																								

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier  State Application Identifier  Federal Identifier																												
<b>5. APPLICANT INFORMATION</b>																															
Legal Name: Pixley PUD  Organizational DUNS: 102312423		Organizational Unit: Department:  Division:  Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr      First Name: William Middle Name: Last Name: Van Scyoc Suffix:																													
Address: Street: PO Box 535  City: Pixley  County: 054 Tulare  State: CA      Zip Code: 93256  Country: USA		Email: ppud_7@msn.com Phone Number (give area code): (559) 757-3878      Fax Number (give area code): (559) 757-3459																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 1 5 2 2 6 7 7         </div>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G. Special District Other (specify):																													
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify):		<b>9. NAME OF FEDERAL AGENCY:</b> USDA, Rural Development, Rural Utility Service																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE (Name of Program): <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1 0 - 7 6 0         </div>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Pixley PUD Wastewater Treatment and Disposal Facility Improvement Project																													
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Unincorporated town of Pixley, Tulare County		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 21      b. Project: 21																													
<b>13. PROPOSED PROJECT</b> Start Date: 9-1-2006      Ending Date: 9-1-2007		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 4, 2006 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%; text-align: right;">2,095,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">2,000,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">4,095,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	2,095,000	.00	b. Applicant	\$	.00	.00	c. State	\$	2,000,000	.00	d. Local	\$	.00	.00	e. Other	\$	.00	.00	f. Program Income	\$	.00	.00	g. TOTAL	\$	4,095,000	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	2,095,000	.00																												
b. Applicant	\$	.00	.00																												
c. State	\$	2,000,000	.00																												
d. Local	\$	.00	.00																												
e. Other	\$	.00	.00																												
f. Program Income	\$	.00	.00																												
g. TOTAL	\$	4,095,000	.00																												
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																															
<b>a. Authorized Representative</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Prefix: Mr.</td> <td style="width:40%;">First Name: William</td> <td style="width:20%;">Middle Name:</td> <td style="width:20%;">Suffix:</td> </tr> <tr> <td colspan="2">Last Name: Van Scyoc</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">b. Title: President</td> <td colspan="2">c. Telephone Number (give area code): 559/757-3878</td> </tr> <tr> <td colspan="2">d. Signature of Authorized Representative: </td> <td colspan="2">e. Date Signed: 4-3-2006</td> </tr> </table>				Prefix: Mr.	First Name: William	Middle Name:	Suffix:	Last Name: Van Scyoc				b. Title: President		c. Telephone Number (give area code): 559/757-3878		d. Signature of Authorized Representative:		e. Date Signed: 4-3-2006													
Prefix: Mr.	First Name: William	Middle Name:	Suffix:																												
Last Name: Van Scyoc																															
b. Title: President		c. Telephone Number (give area code): 559/757-3878																													
d. Signature of Authorized Representative:		e. Date Signed: 4-3-2006																													



## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

\* Other (Specify)

RECEIVED

JUN - 2 2006

STATE CLEARING HOUSE

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: BRIDGE Housing Corporation

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

942827909

\* c. Organizational DUNS:

132753625

## d. Address:

\* Street1:

345 Spear St. Suite 700

Street2:

\* City:

San Francisco

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94105-1673

## e. Organizational Unit:

Department Name:

Development

Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

\* First Name:

Donald

Middle Name:

\* Last Name:

Lusty

Suffix:

Title: Project Manager

Organizational Affiliation:

\* Telephone Number: (415) 989-1111

Fax Number:

(415) 495-4898

\* Email:

dlusty@bridgehousing.com

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

US Department of Housing and Urban Development

## 11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

## \* 12. Funding Opportunity Number:

FR-5030-N-22

\* Title:

Section 202 Supportive Housing for the Elderly

## 13. Competition Identification Number:

S202-22

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

City and County of San Francisco, California

## \* 15. Descriptive Title of Applicant's Project:

Institute on Aging Senior Living and Health Center

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant \* b. Program/Project 

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: \* b. End Date: 

## 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="8,387,748.00"/>
* b. Applicant	<input type="text" value="14,995.00"/>
* c. State	<input type="text" value="7,000,000.00"/>
* d. Local	<input type="text" value="12,118,601.00"/>
* e. Other	<input type="text" value="15,742,146.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="43,263,490.00"/>

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No 

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed: 

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Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. Type of Submission</b> <i>Application</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Construction  <input checked="" type="checkbox"/> Non-Construction </div> <div> <input type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction </div> </div>		<b>2. Date Submitted</b> (mm/dd/yyyy)  05/26/06	<b>Applicant Identifier</b>
		<b>3. Date Received by State</b> (mm/dd/yyyy)  	<b>State Applicant Identifier</b>
		<b>4. Date Received by Federal Agency</b> (mm/dd/yyyy)  	<b>Federal Identifier</b>

<b>5. APPLICANT INFORMATION</b>	
Legal Name: National Able Network, Inc.  Address (give city, county, state, and zip code): Chicago, IL 60601 Cook County	Organizational Unit: National Able Network, Inc. of Chicago  Name and telephone number of the person to be contacted on matters involving this application (give area code) Administrative Contact (312) 580-1750 Edwin K. Henrikson ehenrikson@nationalable.org

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>  <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> </div>	<b>7. TYPE OF APPLICANT:</b> <i>(enter appropriate letter in box)</i> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 5px;">N</div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify) </div> </div>
---	---

<b>8. TYPE OF APPLICATION:</b>  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> A. Increase Award </div> <div style="text-align: center;"> <input type="checkbox"/> B. Decrease Award </div> <div style="text-align: center;"> <input type="checkbox"/> C. Increase Duration </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> D. Decrease Duration </div> <div style="text-align: center;"> <input type="text"/> Other (specify): </div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b>  U. S. Department of Labor / ETA
---	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy)</b>  <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">.</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> </div> TITLE: V / SCSEP	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  National Able Network, Inc. Title V SCSEP National Program
--	--

<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b>  CA, MA, FL, IL, IN, CT, ME, NH, RI, VT, and WI	
--	--

<b>13. PROPOSED PROJECT:</b>  <div style="display: flex;"> <div style="width: 50%;"> Start Date (mm/dd/yyyy) 07/7/06 </div> <div style="width: 50%;"> Ending Date (mm/dd/yyyy) 06/30/07 </div> </div>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>  <div style="display: flex;"> <div style="width: 50%;"> a. Applicant Cook County / Chicago, Illinois 7<sup>th</sup> District </div> <div style="width: 50%;"> b. Project Please see attached lists </div> </div>
---	---

<b>15. ESTIMATED FUNDING:</b>  <div style="text-align: right; font-size: 1.2em; font-weight: bold;">\$53,912,161</div>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE May 19, 2006  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372  OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	---

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
--	--

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Typed Name of Authorized Representative Grace Jenkins	b. Title President & CEO	c. Telephone number (Include Area Code) 312.580-0377
d. Signature of Authorized Representative		e. Date Signed (mm/dd/yyyy) 5/19/06

Version 7/03

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <b>June 12, 2006</b>	Applicant Identifier <b># 06-369</b>	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: <b>City of Menlo Park</b>		Organizational Unit: Department: <b>Public Works</b>		
Organizational DUNS: <b>074639790</b>		Division: <b>Engineering</b>		
Address: <b>701</b>		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: <b>Laurel Street</b>		Prefix:	First Name: <b>Art</b>	
City: <b>Menlo Park</b>		Middle Name:		
County: <b>San Mateo County</b>		Last Name: <b>Morimoto</b>		
State: <b>California</b>	Zip Code: <b>94025</b>	Suffix:		
Country: <b>United States</b>		Email: <b>atmorimoto@menlopark.org</b>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-6000370</b>		Phone Number (give area code) <b>650-330-6740</b>	Fax Number (give area code) <b>650-327-5497</b>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <b>Municipal</b>  Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  <b>66-818</b>		9. NAME OF FEDERAL AGENCY: <b>EPA Region 9 / Maggie Witt</b>		
TITLE (Name of Program): <b>Brownfields Assessment and Cleanup Cooperative Agreements</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Terminal Avenue Housing Site Remediation</b>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): <b>City of Menlo Park</b>				
13. PROPOSED PROJECT Start Date: <b>10/1/06</b> Ending Date: <b>11/30/09</b>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>Congressional District 14</b> b. Project <b>Congressional District 14</b>		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ <b>200,000</b>	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>June 5, 2006</b>		
b. Applicant	\$ <b>40,000</b>	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ <b>240,000</b>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name	Middle Name		
Last Name			Suffix	
b. Title			c. Telephone Number (give area code)	
d. Signature of Authorized Representative			e. Date Signed	

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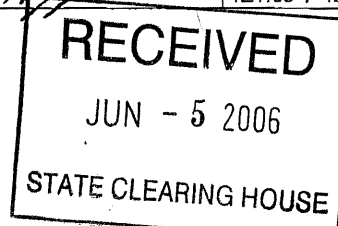
STATE CLEARING HOUSE

Standard Form 424 (Rev. 9-2003)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Corcoran Joint Unified School District/City of Corcoran		Organizational Unit: Department: District Office	
Organizational DUNS: 074677816		Division: N/A	
Address: Street: 1520 Patterson Ave. / 1033 Chittenden Ave.		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Corcoran		Prefix: Mr.	First Name: Rich
County: Kings County		Middle Name (no middle name)	
State: California		Last Name Merlo	
Zip Code 93212	Suffix: N/A		
Country: United States of America		Email: rmerlo@kings.k12.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 91-2128912		Phone Number (give area code) (559) 992-3104	Fax Number (give area code) (559) 992-3957
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) H. Independent School District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307		9. NAME OF FEDERAL AGENCY: United States Economic Development Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Corcoran, Kings County, Tulare County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Regional Education/Job Training Center	
13. PROPOSED PROJECT Start Date: February 1, 2006 Ending Date: June 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th and 21st b. Project 20th and 21st	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 204,660.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 136,440.00	DATE:	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 341,100.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Mr./Mr.		First Name Rich/Ron	
Last Name Merlo/Hoggard		Middle Name (no middle name)/(no middle name)	
b. Title Superintendent/City Manager		Suffix N/A/N/A	
d. Signature of Authorized Representative		c. Telephone Number (give area code) (559) 992-3104/(559) 992-2151	
		e. Date Signed 12/7/05 / 12/7/05	

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: <i>Farmington Fire Protection District</i>		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: <i>957494487</i>		Organizational Unit: Department:		Division:	
Address: Street: <i>P.O. Box 25/25474 E Hwy 4</i>		Name and telephone number of person to be contacted on matters involving this application (give area code)		Prefix: <i>Mr.</i> First Name: <i>Chester</i>	
City: <i>Farmington</i>		Middle Name		Last Name: <i>Murphy</i>	
County: <i>San Joaquin</i>		Suffix:		Email: <i>Chet899@transbay.net</i>	
State: <i>CA</i> Zip Code: <i>95230</i>		Phone Number (give area code): <i>209-886-5321</i>		Fax Number (give area code): <i>209-886-1031</i>	
Country: <i>U.S.A.</i>		6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>94-0000000</i>		7. TYPE OF APPLICANT: (See back of form for Application Types)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify): <i>Fire District</i>		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>First Responder Initiative 10-766</i>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Fire Department Rescue Truck</i>		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>San Joaquin County California</i>	
13. PROPOSED PROJECT Start Date: <i>9/15/06</i> Ending Date: <i>1/15/07</i>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <i>California 11th</i> b. Project: <i>California 11th</i>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
15. ESTIMATED FUNDING:		a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		DATE:	
a. Federal \$		b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
c. State \$		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
d. Local \$		a. Authorized Representative Prefix: <i>Mr.</i> First Name: <i>Chester</i>		Middle Name:	
e. Other \$		Last Name: <i>Murphy</i>		Suffix:	
f. Program Income \$		b. Title: <i>Board member</i>		c. Telephone Number (give area code): <i>209-886-5321</i>	
g. TOTAL \$ <i>113647</i>		d. Signature of Authorized Representative: <i>[Signature]</i>		e. Date Signed: <i>5/31/06</i>	

# DRAFT

## PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 06SC065285	4. DATE RECEIVED:	GRANT NUMBER:
5. APPLICATION INFORMATION		
LEGAL NAME: City of San Bernardino DUNS NUMBER: 143695398 ADDRESS (give street address, city, state and zip code): 300 North D Street San Bernardino CA 92418 - 0001	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Betty A. Deal TELEPHONE NUMBER: 909-384-5413 FAX NUMBER: 909-889-9801 INTERNET E-MAIL ADDRESS: deal_be@sbcity.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000772	7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b. Local Government, Municipal	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	<div style="border: 2px solid black; padding: 10px; text-align: center;"><b>RECEIVED</b> <b>JUN 05 2006</b> STATE CLEARING HOUSE</div>	
9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>		
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program		
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Greater San Bernardino, Victor Valley and Morongo Basin	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SCP of San Bernardino	
13. PROPOSED PROJECT: START DATE: 07/01/06 END DATE: 06/30/07	14. PERFORMANCE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 6-01-06
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Lemuel P. Randolph	b. TITLE: Director of Parks and Recreation Dept.	c. TELEPHONE NUMBER: 909-384-5030
		d. DATE:

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):**

\* Other (Specify)

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**\* 5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** City of Gardena

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

956000713

**\* c. Organizational DUNS:**

868357245

**d. Address:**

\* Street1: 1700 West 162nd Street

Street2:

\* City: Gardena

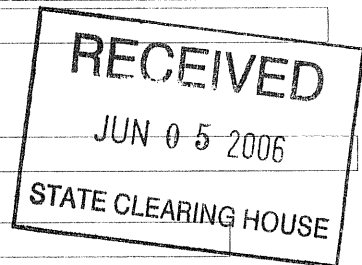
County: Los Angeles

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 90247



**e. Organizational Unit:**

**Department Name:**

Police Department

**Division Name:**

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: \* First Name: Gail

Middle Name:

\* Last Name: Baca

Suffix:

Title: Administrative Services Manager

**Organizational Affiliation:**

\* Telephone Number: 310-217-9605

Fax Number: 310-217-9638

\* Email: GBaca@GardenaPD.org

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

CFDA Title:

Public Safety and Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

\* Title:

COPS Law Enforcement Technology

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Gardena

**\* 15. Descriptive Title of Applicant's Project:**

Digital In-Car Camera Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 35

\* b. Program/Project CA-035

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

\* a. Start Date: 11/22/2005

\* b. End Date: 11/21/2008

18. Estimated Funding (\$):

* a. Federal	98,723.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	98,723.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/30/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name: Mitchell

Middle Name:

\* Last Name: Lansdell

Suffix:

\* Title: City Manager

\* Telephone Number: 310-217-9505 Fax Number:

\* Email: MLansdell@ci.gardena.ca.us

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

JUN - 5 2006

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: City of Gardena

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

956000713

\* c. Organizational DUNS:

868357245

d. Address:

\* Street1:

1700 West 162nd Street

Street2:

\* City:

Gardena

County:

Los Angeles

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

90247

e. Organizational Unit:

Department Name:

Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name: Gail

Middle Name:

\* Last Name: Baca

Suffix:

Title: Administrative Services Manager

Organizational Affiliation:

\* Telephone Number: 310-217-9605

Fax Number: 310-217-9638

\* Email: GBaca@GardenaPD.org

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

**CFDA Title:**

Public Safety and Community Policing Grants

**\* 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

**\* Title:**

COPS Law Enforcement Technology

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Gardena

**\* 15. Descriptive Title of Applicant's Project:**

Technology Enhancement Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 35

\* b. Program/Project CA-035

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 11/22/2005

\* b. End Date: 11/21/2008

18. Estimated Funding (\$):

* a. Federal	98,723.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	98,723.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/30/2006 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name: Mitchell

Middle Name:

\* Last Name: Lansdell

Suffix:

\* Title: City Manager

\* Telephone Number: 310-217-9505 Fax Number:

\* Email: MLansdell@ci.gardena.ca.us

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier 06-371	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 94-6000 403	
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Richmond Community Redevelopment Agency		Organizational Unit: Department: Community and Economic Development		
Organizational DUNS: 01-142-1208		Division: Housing and Community Development Division		
Address: 1401 Mariana Way South		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: Marina Way South	<div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>   JUN - 5 2006   <b>STATE CLEARING HOUSE</b> </div>	Prefix:	First Name: Natalia	
City: Richmond		Middle Name: F.		
County: Contra Costa		Last Name: Lawrence		
State: California	Zip Code: 94804	Suffix:		
Country: United States		Email: Natalia.Lawrence@ci.richmond.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  68-0588667		Phone Number (give area code) 510 307-8180		Fax Number (give area code) 510 307-8195
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify) <span style="margin-left: 100px;">□ □</span>		7. TYPE OF APPLICANT: (See back of form for Application Types)  Municipal Agency  Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-818  TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Sakai and Endo parcels located in Richmond, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Miraflores Nursery Cleanup Grants will be used to fund clean up of the Sakai Nursery and the Endo Nursery. The former flower nurseries are contaminated with pesticides used on the flowers and petroleum hydrocarbons.		
13. PROPOSED PROJECT Start Date: 10/1/06 Ending Date: 9/30/09		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA Congressional District 7 b. Project CA Congressional District 7		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 400,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 80,000	DATE: 6/5/06		
c. State	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 480,000	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix Mr.	First Name Steve	Middle Name		
Last Name Duran			Suffix	
b. Title Executive Director			c. Telephone Number (give area code) 510 307-8140	
d. Signature of Authorized Representative			e. Date Signed 6/5/06	

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Ventura County

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6000944

\* c. Organizational DUNS:

8684788500000

d. Address:

\* Street1: 800 South Victoria Avenue

Street2:

\* City: Ventura

County: Ventura

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 93009

e. Organizational Unit:

Department Name:

Sheriff

Division Name:

Special Services

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.

\* First Name: Chris

Middle Name:

\* Last Name: Lathrop

Suffix:

Title: Sheriff's Captain

Organizational Affiliation:

Sheriff/Special Services/Technical Services

\* Telephone Number: 805-654-2332

Fax Number: 805-662-6717

\* Email: chris.lathrop@ventura.org

RECEIVED  
JUN 06 2006  
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

COPS-OTHER-TECH-2006-1

\* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

County, Cities

\* 15. Descriptive Title of Applicant's Project:

A multi-faceted upgrade of several Sheriff's Departments critical technology systems.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 23

\* b. Program/Project 23

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

\* a. Start Date: 06/01/2006

\* b. End Date: 06/01/2009

18. Estimated Funding (\$):

* a. Federal	148,084.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	148,084.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/25/2006 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. \* First Name: John

Middle Name:

\* Last Name: Johnston

Suffix:

\* Title: Chief Executive Officer

\* Telephone Number: 805-654-2681 Fax Number: 805-654-5106

\* Email: john.johnston@ventura.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.



Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

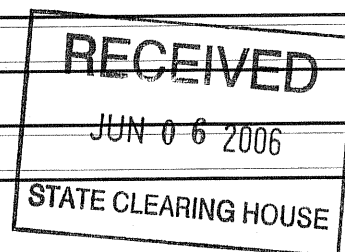
\* a. Legal Name: County of San Bernardino

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6002748

\* c. Organizational DUNS:

150955516



d. Address:

\* Street1: 385 North Arrowhead Avenue

Street2:

\* City: San Bernardino

County:

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 92415

e. Organizational Unit:

Department Name:

Sheriff/Coroner Department

Division Name:

Scientific Invest CAL-ID

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name: Jeff

Middle Name:

\* Last Name: Rose

Suffix:

Title: Lieutenant

Organizational Affiliation:

\* Telephone Number: 909-890-5042

Fax Number: 909-890-5015

\* Email: jrose@sbcscd.org

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

B: County Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

**CFDA Title:**

**\* 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

**\* Title:**

COPS Law Enforcement Technology

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Counties of San Bernardino and Riverside

**\* 15. Descriptive Title of Applicant's Project:**

Regional Fingerprint Identificaiton Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-025

\* b. Program/Project CA-025

Attach an additional list of Program/Project Congressional Districts if needed.

Additional congressional districts COPS01

17. Proposed Project:

\* a. Start Date: 08/01/2005

\* b. End Date: 07/30/2008

18. Estimated Funding (\$):

* a. Federal	1,974,456.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,974,456.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/31/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name: Gary

Middle Name:

\* Last Name: Penrod

Suffix:

\* Title: Sheriff-Coroner

\* Telephone Number: 909-387-3669 Fax Number: 909-387-3402

\* Email: gpenrod@sbcscd.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

## Version 7/03

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RCH  
#304Approved  
5-25-06

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 1, 2006	<b>Applicant Identifier</b>
<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name:</b> City of San Joaquin		<b>Organizational Unit:</b> Public Body	
<b>Address (give city, county, State, and zip code):</b> P O BOX 758 San Joaquin, CA 93660		<b>Name and telephone number of person to be contacted on matters involving this application (give area code):</b> Lupe Estrada (559) 693-4311 ext. 20	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94 - 6000418		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> C	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10 - 766 TITLE: Community Facilities Grant		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> San Joaquin		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Preschool Playground rehab and equipment	
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date	Ending Date	a. Applicant 20 - Costa	b. Project 20 Costa
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 31,890.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 10,674.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 42,564.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative CRUZ W RIMOS		b. Title City Manager	c. Telephone Number 693-4311
d. Signature of Authorized Representative Cruz W Rimos		e. Date Signed 5-1-06	

RCH  
#304

APR 5/25/06

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 20, 2006		<b>Applicant Identifier</b>	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
<b>5. APPLICANT INFORMATION</b> <b>Legal Name:</b> Orange Cove Fire Protection District of Fresno & Tulare		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	
<b>Address (give city, county, State, and zip code):</b> 550 Center St Orange Cove, CA 95646		<b>Organizational Unit:</b> Special District			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94 - 8035403		<b>Name and telephone number of person to be contacted on matters involving this application (give area code):</b> Robert Terry 559-626-7758			
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> G A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)			
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10 - 768		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development			
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Orange Cove, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Replace roof on fire station			
<b>13. PROPOSED PROJECT</b> Start Date Ending Date		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21 Devin Nunes b. Project 21 Devin Nunes			
<b>15. ESTIMATED FUNDING:</b> a. Federal \$ 19,525.00 b. Applicant \$ 0.00 c. State \$ 0.00 d. Local \$ 0.00 e. Other \$ 25,975.00 f. Program Income \$ 0.00 g. TOTAL \$ 35,500.00		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
<b>Type Name of Authorized Representative</b> Robert Terry		<b>b. Title</b> Fire Chief		<b>c. Telephone Number</b> (559) 626-7758	
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 4-27-06			

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Southern California Association of Governments		Organizational Unit: Department: Planning and Policy			
Organizational DUNS:		Division: Transportation Planning and Programming			
Address: Street: 818 West 7th St. 12th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: Los Angeles		Prefix: Mr.		First Name: Charles	
County: Los Angeles		Middle Name			
State: California		Last Name: Wagner			
Zip Code: 90017		Suffix:			
Country: U.S.A.		Email: wagner@scag.ca.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2409649		Phone Number (give area code) (213) 236-1817		Fax Number (give area code) (213) 236-1825	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Joint Powers Authority			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-106		9. NAME OF FEDERAL AGENCY:			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Counties of Los Angeles, Orange, Ventura, San Bernardino, Riverside, Imperial		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Perform regional aviation system planning, including Phase II work for the 2008 Regional Transportation Plan (update ground access study), update general aviation data and forecasts, and perform continuous aviation system planning.			
13. PROPOSED PROJECT Start Date: 10/01/06 Ending Date: 9/30/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant see attached b. Project N/A			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 250,000		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/6/06			
b. Applicant \$ 13,158		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State \$ 0		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$ 0		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other \$ 0		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income \$ 0					
g. TOTAL \$ 263,158					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Mark		Middle Name	
Last Name Pisano		Suffix			
b. Title Executive Director		c. Telephone Number (give area code) (213) 236-1800			
d. Signature of Authorized Representative		e. Date Signed 5/31/06			

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Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 30, 2006	Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier		

<b>5. APPLICANT INFORMATION</b>	
Legal Name: Association of Bay Area Governments	<b>Organizational Unit:</b> Department: San Francisco Estuary Project
Organizational DUNS: 07-907-3920	Division:
<b>Address:</b>	
Street: P.O. Box 2050	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>
	Prefix: Ms. First Name: Marcia
City: Oakland	Middle Name L.
County: Alameda	Last Name Brockbank
State: CA	Suffix:
Zip Code 94604-2050	
Country: USA	Email: mbrockbank@waterboards.ca.gov
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2832478	Phone Number (give area code) 510-622-2325
	Fax Number (give area code) 510-622-2501
<b>8. TYPE OF APPLICATION:</b>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	
Other (specify)	
<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)	
N. - Local Government	
Other (specify)	
<b>9. NAME OF FEDERAL AGENCY:</b> US Environmental Protection Agency	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-456	
TITLE (Name of Program): Clean Water Act Sect. 320 National Estuary Program	
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> San Francisco Estuary Project - Implementation of Comprehensive Conservation and Management Plan (CCMP)	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Nine Bay Area Counties and three Delta Counties	
<b>13. PROPOSED PROJECT</b>	
Start Date: 12/1/05	Ending Date: 12/31/06
<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
a. Applicant 9	b. Project 1-3; 6-10; 12-16
<b>15. ESTIMATED FUNDING:</b>	
a. Federal	\$ 407,600.00
b. Applicant	\$ 18,000.00
c. State	\$ 410,000.00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 835,600.00
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 30, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b>	
Prefix Mr.	First Name Joseph
Middle Name	
Last Name Chan	
Suffix	
<b>b. Title</b> Finance Director	
<b>c. Telephone Number (give area code)</b> 510-464-7944	
<b>d. Signature of Authorized Representative</b>	
<b>e. Date Signed</b> 5/30/06	



APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: <u>Death Industries</u>			Organizational Unit:		
Organizational DUNS: <u>619344117</u>			Department: <u>Small Business Administration</u>		
Address: Street: <u>PO Box 213</u>			Division: <u>7(a) Loans</u>		
City: <u>Palo Alto</u>			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: <u>San Clara</u>			Prefix: <u>Tor</u>		
State: <u>CA</u> Zip Code: <u>94307</u>			First Name: <u>Tor</u>		
Country: <u>USA</u>			Middle Name: <u>Frik</u>		
RECEIVED JUN - 8 2006 STATE CLEARING HOUSE			Last Name: <u>Gilbo</u>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>31-1500101</u>			Suffix: <u></u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Email: <u>tgilbo@psp.cda</u>		
Other (specify) <input type="checkbox"/> <input type="checkbox"/>			Phone Number (give area code) <u>(937) 626-9433</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>59-012</u>			Fax Number (give area code) <u></u>		
TITLE (Name of Program): <u>Small Business Loans</u>			7. TYPE OF APPLICANT: (See back of form for Application Types)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Cedar Glen San Bernardino Co, CA</u>			Other (specify) <u>L/W/O</u>		
13. PROPOSED PROJECT Start Date: <u>8/1/06</u> Ending Date: <u>8/1/07</u>			9. NAME OF FEDERAL AGENCY: <u>SBA</u>		
15. ESTIMATED FUNDING:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>To provide guaranteed loans from lender to small businesses unable to obtain credit from private sector</u>		
a. Federal \$ <u>100,000</u>			14. CONGRESSIONAL DISTRICTS OF:		
b. Applicant \$ <u></u>			a. Applicant <u>14</u>		
c. State \$ <u></u>			b. Project <u>41</u>		
d. Local \$ <u></u>			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
e. Other \$ <u></u>			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>6/6/06</u>		
f. Program Income \$ <u></u>			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
g. TOTAL \$ <u>100,000</u>			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
a. Authorized Representative			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
Prefix: <u>Tor</u>			First Name: <u>Tor</u>		
Last Name: <u>Gilbo</u>			Middle Name: <u>Frik</u>		
b. Title: <u>Owner</u>			Suffix: <u></u>		
d. Signature of Authorized Representative: <u>Tor Gilbo</u>			c. Telephone Number (give area code) <u>(937) 626-9433</u>		
			a. Date Signed <u>6/6/06</u>		

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/09/06		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 06/09/06		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Highland			Organizational Unit: Department:		
Organizational DUNS: 61-900-5218			Division:		
Address: Street: 27215 Base Line			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr		
City: Highland			First Name: Joseph		
County: San Bernardino			Middle Name		
State: California			Last Name Hughes		
Zip Code 92346			Suffix:		
Country: USA			Email: Joe_hughes@ccc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0270638			Phone Number (give area code) (909) 864-6861		Fax Number (give area code) (909) 862-3180
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) C		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 86-202			9. NAME OF FEDERAL AGENCY: EPA		
TITLE (Name of Program): Solid Waste Disposal Act			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Funding for Highland Environmental Learning Center		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Highland, San Bernardino, California			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 41st		
13. PROPOSED PROJECT Start Date: November 2006 Ending Date: December 2007			b. Project 41st		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 1,724,300.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/09/2006		
b. Applicant \$ .00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ .00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$ .00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ .00					
g. TOTAL \$ 1,724,300.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr			Middle Name		
First Name Sam			Suffix		
Last Name Racadio			c. Telephone Number (give area code) (909) 864-6861		
b. Title City Manager			e. Date Signed 06/09/2006		
d. Signature of Authorized Representative					

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 2/27/06	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b> Legal Name: California Poultry Federation Address (give city, county, State, and zip code): 4640 Spyres Way, Suite 4 Modesto, CA 95356		Organizational Unit:  Name and telephone number of person to be contacted on matters involving this application (give area code): William H. Mattos 209-576-6355																																				
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             95-1889524           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 45%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) <u>Non profit trade organization</u> </div> </div>																																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____																																						
<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development																																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             00-0000           </div> TITLE: _____																																						
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> California Poultry Disease Prevention and outreach Program																																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Stanislaus, San Joaquin, Merced, Fresno & Madera Counties																																						
<b>13. PROPOSED PROJECT</b> Start Date    Ending Date 7/1/06    6/30/07	<b>14. CONGRESSIONAL DISTRICTS OF:</b> 6, 11, 18, 19, 20 & 21 a. Applicant    18 b. Project    6, 11, 18, 19, 20 & 21																																					
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%;">125,000</td> <td style="width:10%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>75,000</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>10,000</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td colspan="2">County Ag Commissioners</td> <td>5,000</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td colspan="2">Extension</td> <td>10,000</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td>00</td> </tr> </table>		a. Federal	\$	125,000	00	b. Applicant	\$	75,000	00	c. State	\$	10,000	00	d. Local	\$		00	County Ag Commissioners		5,000	00	e. Other	\$		00	Extension		10,000	00	f. Program Income	\$		00	g. TOTAL	\$		00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	125,000	00																																			
b. Applicant	\$	75,000	00																																			
c. State	\$	10,000	00																																			
d. Local	\$		00																																			
County Ag Commissioners		5,000	00																																			
e. Other	\$		00																																			
Extension		10,000	00																																			
f. Program Income	\$		00																																			
g. TOTAL	\$		00																																			
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																																						
a. Type Name of Authorized Representative William H. Mattos		b. Title President																																				
c. Telephone Number 209-576-6355		d. Signature of Authorized Representative 																																				
e. Date Signed 5/31/06																																						

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Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/09/2006		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
6. APPLICANT INFORMATION Legal Name: State of California		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS:		Organizational Unit: Department: Department of Aging		Division:	
Address: Street: 1300 National Drive, Suite 200		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>JUN 09 2006</b>   <b>STATE CLEARING HOUSE</b> </div>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento				Prefix: Ms First Name: Johnna	
County: Sacramento				Middle Name	
State: California Zip Code 95834				Last Name Meyer	
Country: United States of America		Email: jmeyer@aging.ca.gov		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347		Phone Number (give area code) (916) 419-7557		Fax Number (give area code) (916) 928-2509	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> Now <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) (A) - State Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Senior Community Service Employment Program		9. NAME OF FEDERAL AGENCY: U. S. Department of Labor, Employment and Training Administration			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California (Exhibit H)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Senior Community Service Employment Program will provide subsidized part-time opportunities in communities for low-income persons aged 55 and older, and will assist them in transitioning to unsubsidized employment.			
13. PROPOSED PROJECT Start Date: July 1, 2006 Ending Date: June 30, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California b. Project			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 7,406,208		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant \$ 1,366,237		DATE: 06/09/2006			
c. State \$ 2,024,000		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL \$ 10,796,445		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative					
Prefix Ms First Name Lora		Middle Name			
Last Name Connolly		Suffix			
b. Title Acting Director		c. Telephone Number (give area code) (916) 419-7500			
d. Signature of Authorized Representative <i>Lora Connolly</i>		e. Date Signed 6/7/06			

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier	
Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
California Department of Pesticide Regulation		Department:		
Organizational DUNS:		Division:		
80832197				
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix:		
P.O. Box 4015		First Name:		
City:		Middle Name:		
Sacramento		Charles		
County:		Last Name:		
Sacramento		McCarty		
State:		Suffix:		
California				
Country:		Email:		
U.S.A.		dmccarty@cdpr.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)		Fax Number (give area code)
68-0325102		(916) 323-4995		(916) 445-4149
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (specify)		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		9. NAME OF FEDERAL AGENCY:		
A		U.S. Environmental Protection Agency		
Other (specify)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		Consolidate Cooperative Agreement		
68-700				
TITLE (Name of Program):				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date:		a. Applicant		
July 1, 2006		State of California		
Ending Date:		b. Project		
June 30, 2009		Statewide		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,038,360	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	DATE: May 31, 2006		
c. State	\$ 349,564	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 1,387,924			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name	Middle Name		
	Mary-Ann			
Last Name	Suffix		c. Telephone Number (give area code)	
Warmerdam			(916) 445-4000	
b. Title	e. Date Signed			
Director	May 31, 2006			
Signature of Authorized Representative				

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**\* 5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** City of Ontario

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

956000755

**\* c. Organizational DUNS:**

078136223

**d. Address:**

\* Street1: 303 East B Street

Street2:

\* City: Ontario

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 91764

**e. Organizational Unit:**

Department Name:

Ontario Police Department

Division Name:

Police Administration

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:

\* First Name: Stacy

Middle Name:

\* Last Name: Osborne

Suffix:

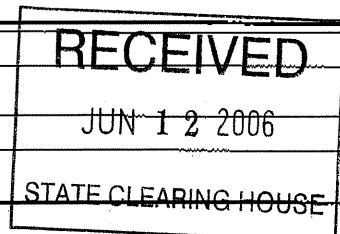
Title: Police Grants Coordinator

Organizational Affiliation:

\* Telephone Number: 909-395-2092

Fax Number: 909-395-2797

\* Email: sosborne@ontariopolice.org



**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**\* 12. Funding Opportunity Number:**

COPS-OTHER-TECH-2006-1

\* Title:

COPS Law Enforcement Technology

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Ontario; County of San Bernardino Courts

**\* 15. Descriptive Title of Applicant's Project:**

Ontario Police Department's Automated Citation Interoperability Project

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-043

\* b. Program/Project CA-026

Attach an additional list of Program/Project Congressional Districts if needed.



17. Proposed Project:

\* a. Start Date: 11/22/2005

\* b. End Date: 11/21/2008

18. Estimated Funding (\$):

* a. Federal	49,361.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	49,361.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/30/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name: Al

Middle Name:

\* Last Name: Boling

Suffix:

\* Title: General Services Director

\* Telephone Number: 909-395-2354 Fax Number: 909-395-2583

\* Email: aboling@ci.ontario.ca.us

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102



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7671

Date 6-11-06 # of pages 2

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

## 1. TYPE OF SUBMISSION:

Application

Pre-application

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

## 5. APPLICANT INFORMATION

Legal Name:

California Department of Pesticide Regulation

Organizational Unit:

Department:

Organizational DUNS:  
80832197

Division:

Address:

Street:  
P.O. Box 4015Name and telephone number of person to be contacted on matters  
involving this application (give area code)

Prefix:

First Name:  
DavidCity:  
SacramentoMiddle Name:  
CharlesCounty:  
SacramentoLast Name:  
McCartyState:  
CaliforniaZip Code:  
95812

Suffix:

Country:  
SacramentoEmail:  
dmccarty@cdpr.ca.gov

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0325102

Phone Number (give area code)

(916) 323-4995

Fax Number (give area code)

(916) 445-4149

## 8. TYPE OF APPLICATION:

☐ New☐ Continuation☒ RevisionIf Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

A

Other (specify)

## 7. TYPE OF APPLICANT: (See back of form for Application Types)

Other (specify)

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-700

TITLE (Name of Program):

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Consolidated Cooperative Agreement

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

## 13. PROPOSED PROJECT

Start Date:  
July 1, 2006Ending Date:  
June 30, 2007

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant  
State of Californiab. Project  
Statewide

## 15. ESTIMATED FUNDING:

a. Federal	\$	35,000
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	35,000

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE  
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  
PROCESS FOR REVIEW ON

DATE: June 8, 2006

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE  
FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE  
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE  
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Authorized Representative

Prefix

First Name  
Mary-Ann

Middle Name

Last Name  
Warner-Dam

Suffix

b. Title  
Directorc. Telephone Number (give area code)  
(916) 445-4000

d. Signature of Authorized Representative

e. Date Signed  
June 8, 2006Previous Editions are obsolete  
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)  
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: <b>Tri-County Economic Development Corporation</b>		Organizational Unit: Department:	
Organizational DUNS: <b>15-340-4116</b>		Division:	
Address: Street: <b>3120 Cohasset Rd., Ste. 5</b>		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: <b>Mr.</b> First Name: <b>Marc</b> Middle Name: Last Name: <b>Nemanic</b> Suffix:	
City: <b>Chico</b>		Email: <b>marc@tricountyedc.org</b>	
County: <b>Butte County</b>		Phone Number (give area code): <b>(530) 893-8732</b>	
State: <b>CA</b>		Fax Number (give area code): <b>(530) 893-0820</b>	
Zip Code: <b>95973</b>		Country: <b>USA</b>	

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68 - 0065873	
--------------	--

7. TYPE OF APPLICANT: (See back of form for Application Types)

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify)

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Economic Development Support for **11 - 302**  
Planning Organization  
TITLE (Name of Program)

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

**Butte, Glenn, & Tehama Counties & the  
Incorporated Cities therein**

## 13. PROPOSED PROJECT

Start Date: **7-1-06** Ending Date: **6-30-07**

## 15. ESTIMATED FUNDING:

a. Federal	\$	67,000
b. Applicant	\$	
c. State	\$	
d. Local	\$	67,000
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	134,000

## 7. TYPE OF APPLICANT: (See back of form for Application Types)

**0. Not for Profit Organization**  
Other (specify)

9. NAME OF FEDERAL AGENCY: **U.S. Dept of Commerce  
Economic Development Administration**

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The Program objectives of this investment will support economic development programs that will foster the creation of jobs for the unemployed and underemployed, as well as the retention of jobs in the Tri-County Region

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant **2** b. Project **2**

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes: ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: **6/9/06**

b. No: ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☒ If "Yes" attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Authorized Representative

Prefix: <b>Mr.</b>	First Name: <b>Marc</b>	Middle Name:
Last Name: <b>Nemanic</b>	Suffix:	
b. Title: <b>Executive Director</b>	c. Telephone Number (give area code): <b>(530) 893-8732</b>	
d. Signature of Authorized Representative	e. Date Signed: <b>6/8/06</b>	

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction															
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/26/06		3. DATE RECEIVED BY STATE:															
2b. APPLICATION ID: 06SR063983		4. DATE RECEIVED: 04/26/06															
		STATE APPLICATION IDENTIFIER:															
		GRANT NUMBER:															
5. APPLICATION INFORMATION																	
LEGAL NAME: Kings/Tulare Area Agency on Aging DUNS NUMBER: 827667692		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION ( <i>give area codes</i> ): NAME: Mary A. Lawrence TELEPHONE NUMBER: (559)730-2551 ex 272 FAX NUMBER: (559)730-2575 INTERNET E-MAIL ADDRESS: mlawrenc@tularchhsa.org															
ADDRESS ( <i>give street address, city, state and zip code</i> ): 3500 W. Mineral King Ave., Ste A Visalia CA 93291 - 5635		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg); display: inline-block;"> <b>RECEIVED</b>  JUN 12 2006  STATE CLEARING HOUSE </div>															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000545																	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration																	
7. TYPE OF APPLICANT: 7a. Local Government - County 7b. Area Agency on Aging		9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Kings/Tulare Counties RSVP															
12. AREAS AFFECTED BY PROJECT ( <i>List Cities, Counties, States, etc</i> ): Kings and Tulare Counties																	
13. PROPOSED PROJECT: START DATE: 07/01/06      END DATE: 06/30/09		14. PERFORMANCE PERIOD: START DATE: 07/01/06      END DATE: 06/30/09															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 01-MAY-06															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 80%;">\$ 72,278.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 75,192.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 75,192.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 147,470.00</td> </tr> </table>		a. FEDERAL	\$ 72,278.00	b. APPLICANT	\$ 75,192.00	c. STATE	\$ 0.00	d. LOCAL	\$ 75,192.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 147,470.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 72,278.00																
b. APPLICANT	\$ 75,192.00																
c. STATE	\$ 0.00																
d. LOCAL	\$ 75,192.00																
e. OTHER	\$ 0.00																
f. PROGRAM INCOME	\$ 0.00																
g. TOTAL	\$ 147,470.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: John W. Hughes		b. TITLE: Program Manager															
		c. TELEPHONE NUMBER: 559-737-4660															
		d. DATE: 04/26/06															

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: California State University, Fresno Foundation			Organizational Unit: Department: OCED		
Organizational DUNS: 150837003			Division: ANS		
Address: Street: 4910 N. Chestnut Ave.			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Ashley		
City: Fresno			Middle Name: N.		
County: Fresno			Last Name: Swearengen		
State: CA		Zip Code: 93726-1852	Suffix:		
Country: USA			Email: ashleys@csufresno.edu		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6003272			Phone Number (give area code) (559) 294-6027		Fax Number (give area code) (559) 294-6024
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) I Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 11- <b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):			<b>9. NAME OF FEDERAL AGENCY:</b> EDA		
<b>13. PROPOSED PROJECT</b> Start Date: 7/1/06 Ending Date: 6/30/07			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Advanced Manufacturing Center Feasibility Study		
<b>15. ESTIMATED FUNDING:</b>			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 19 b. Project		
a. Federal \$ 100,650.00			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant \$ 29,985.00					
c. State \$ .00					
d. Local \$ .00					
e. Other \$ 21,600.00					
f. Program Income \$ .00			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
g. TOTAL \$ 152,235.00					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Authorized Representative Prefix First Name Middle Name Thomas Last Name McClanahan Suffix					
b. Title Associate Vice President for Research and Sponsored Programs			c. Telephone Number (give area code) (559) 278-0840		
d. Signature of Authorized Representative			e. Date Signed		

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****2. DATE SUBMITTED**

Applicant Identifier

**3. DATE RECEIVED BY STATE**

State Application Identifier

**1. \* TYPE OF SUBMISSION**

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

**4. Federal Identifier****5. APPLICANT INFORMATION**

\* Organizational DUNS: 1136450640000

\* Legal Name: University of California Merced

Department: N/A

Division: School of Natural Sciences

\* Street1: 5200 North Lake Road

Street2:

\* City: Merced

County:

\* State: CA

\* ZIP Code: 95343

\* Country: USA

Person to be contacted on matters involving this application

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Thea Vicarl

\* Phone Number: 209-724-4318

Fax Number: 209-724-4424

Email: tvicarl@ucmerced.edu

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

27-0093858

**7. \* TYPE OF APPLICANT:**

F: State-Controlled Institution of Higher Education

**8. \* TYPE OF APPLICATION:** ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Molecular-scale Biogeochemical studies of anaerobic, nitrate-dependnet U (IV) and Fe (II) oxidation

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

California

**13. PROPOSED PROJECT:**

\* Start Date

\* Ending Date

02/01/2007

01/31/2010

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant

b. \* Project

19th

19th

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Peggy O'Day

Position/Title: Professor

\* Organization Name: University of California Merced

Department: N/A

Division: School of Natural Sciences

\* Street1: 5200 North Lake Road

Street2:

\* City: Merced

County:

\* State: CA

\* ZIP Code: 95343

\* Country: USA

\* Phone Number: 209-724-4338

Fax Number: 209-724-4459

\* Email: poday@ucmerced.edu

**RECEIVED**

JUN 13 2006

STATE CLEARING HOUSE

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding   
b. \* Total Federal & Non-Federal Funds   
c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:  \* Last Name:  Suffix:   
\* Position/Title:  \* Organization:   
Department:  Division:   
\* Street1:  Street2:   
\* City:  County:  \* State:  \* ZIP Code:   
\* Country:   
\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 25, 2006	Applicant Identifier R9-Tracking No. 05-459	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California Air Resources Board		Organizational Unit Department		
Organizational DUNS: 828321871	RECEIVED JUN 14 2006		Division: Administrative Services Division	
Address: Street: 1001 I Street P.O. Box 2815 City: Sacramento County: Sacramento			Name and telephone number of person to be contacted on matters involving this application (give area code)	
State: CA	Zip Code 95812	Prefix: Mr.		First Name: Matthew
		Middle Name		Last Name Singh
		Suffix:		Email: msingh@arb.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0288069		Phone Number (give area code) (916) 322-8201		Fax Number (give area code) (916) 322-9612
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-001		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standard.		
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project Statewide		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 6,464,788	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Signature Date		
b. Applicant	\$ 20,515,127	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 26,979,915			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative		Middle Name		
Prefix Ms.	First Name Marie	Suffix		
Last Name LaVergne		c. Telephone Number (give area code) (916) 322-8198		
b. Title Chief, Administrative Services		e. Date Signed May 25, 2006		
d. Signature of Authorized Representative				
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Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 05/16/2006		<b>Applicant Identifier</b>	
<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>			
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>			
<b>5. APPLICANT INFORMATION</b>					
Legal Name: San Pasqual Band of Mission Indians			Organizational Unit: Department: Indian Tribe		
Organizational DUNS: 808113916			Division: Region 9		
Address: Street: 27458 North Lake Wohlford Road			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Rudy		
City: Valley Center			Middle Name		
County: San Diego			Last Name Ballon		
State: CA Zip Code 92082			Suffix:		
Country: USA			Email: rballon@sanpasqualindians.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-3469382			Phone Number (give area code) (760) 749-3200		
<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input checked="" type="checkbox"/> Now <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			Fax Number (give area code) (760) 751-3485		
<b>8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-808			<b>9. NAME OF FEDERAL AGENCY:</b> United States Environmental Protection Agency		
<b>10. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Valley Center, CA. 92082			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Integrated Solid Waste Management Project		
<b>12. PROPOSED PROJECT</b> Start Date: 10/01/2006 Ending Date: 09/30/2007			<b>13. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 49th b. Project 49th		
<b>14. ESTIMATED FUNDING:</b>			<b>15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal \$ 50,000			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/15/06		
b. Applicant \$			b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			<b>16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 50,000					
<b>17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>18. Authorized Representative</b>					
Prefix Mr.		First Name Allen		Middle Name	
Last Name Lawson				Suffix	
b. Title Tribal Chairman, San Pasqual Band of Mission Indians				c. Telephone Number (give area code) (760) 749-3200	
d. Signature of Authorized Representative				e. Date Signed	

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MAY 18 2006

GMO, PMD-7

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102



Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b>	
<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>			
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b> 06-359			
<b>5. APPLICANT INFORMATION</b>					
<b>Legal Name:</b> City of Nevada City			<b>Organizational Unit:</b> Department: Public Works/ Engineering		
<b>Organizational DUNS:</b> 004948493			<b>Division:</b>		
<b>Address:</b> Street: 317 Broad Street City: Nevada City County: Nevada State: CA Zip Code: 95959			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Mark Middle Name: Last Name: Miller Suffix: Email: mark.miller@co.nevada.ca.us		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000979			<b>Phone Number (give area code)</b> 530-265-2496		<b>Fax Number (give area code)</b> 530-265-0187
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> Municipal Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 68-818			<b>9. NAME OF FEDERAL AGENCY:</b> EPA - Deldre Nurre		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> NEVADA CITY			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> NEVADA CITY MINES OPEN SPACE ASSESSMENT		
<b>13. PROPOSED PROJECT</b> Start Date: Aug. 1, 2006 Ending Date: July 31, 2009			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 4 b. Project 4		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal \$ 200,000			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/15/06		
b. Applicant \$			b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 200,000					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix Mr.		First Name Mark		Middle Name	
Last Name Miller		JUN 12 2006		Suffix	
b. Title City Manager		GMO, PMD-7		c. Telephone Number (give area code) 530-265-2496	
d. Signature of Authorized Representative				e. Date Signed 6/8/06	

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4/15/06	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Cabrillo Community College District		Organizational Unit: Department: Career Education and Economic Development	
Organizational DUNS: 069107373		Division:	
Address: Street: 6500 Soquel Drive		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Aptos		Prefix: Mr.	First Name: Rock
County: Santa Cruz		Middle Name	
State: CA		Last Name Pfothenauer	
Zip Code 95003	Suffix:		
Country: USA	Email: rock@cabrillo.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0385111		Phone Number (give area code) 831-479-6482	Fax Number (give area code) 831-477-5239
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) State Controlled Institution of Higher Learning Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-300		9. NAME OF FEDERAL AGENCY: Economic Development Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Cruz, Monterey & San Benito Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pajaro Valley Regional Training Center	
13. PROPOSED PROJECT Start Date: January 2006 Ending Date: March 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17 b. Project 17	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,500,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 14, 2006	
b. Applicant	\$ 3,117,500.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 5,617,500.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Dr.	First Name Brian	Middle Name	
Last Name King		Suffix	
b. Title President/Supintendent		c. Telephone Number (give area code) 831-479-6306	
d. Signature of Authorized Representative <i>Brian King</i>		e. Date Signed 6/12/06	